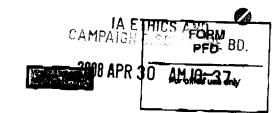
Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319
Or Fax: (515)281-4073



Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement
Name: Store of land Addington Please type or print legibly
Agency or department; 57ate Public Dayander
Position held: Supervisor Givil Commitment Unit
Statewide office sought (non-incumbent candidates only):
This statement is for Calendar Year 2007. Check if this is an amended statement. This statement is required to cover the calendar year preceding the year the report is due. General instructions: Complete each of Parts A. B. and Chelon. After a state and the state an
* # * # # * # * # * # # # # # # # # # #
Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by snyone other than the agency and for the position held above check here.
1. 2.
Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income received longly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.
1. Securities. List any company in which you owned securidas
1. BHC Billizon 2. 3.

Trusts. S	tate the nature or type of the trusts.
Real Estat	A Tiesth.
ved from th	if. List the nature of real esiste interests including an interest from which income was
	"" "" " " " " " " " " " " " " " " " "
	•
	, agai deal iprior
etirement	Systems. List the name of the employer/sponsor of any retirement hencefit system.
	and of the employer/sponsor of any retirement hencefit system.
to polit	Cal Subdivisions. List any sales of a good or service to a relation of the
	ical subdivisions. List any sales of a good or service to a political subdivision of the solo from the sale was received.
her. List o	ther sources of annual gross income not reported above that were reported for tax
her. List o	ther sources of annual gross income not reported above that were reported for tax
her. List o	ther sources of annual gross income not reported above that were reported for tax
her. List o	ther sources of annual gross income not reported above that were reported for tax
her. List of	ther sources of annual gross income not reported above that were reported for tax
her. List of	ther sources of annual gross income not reported above that were reported for tax
ber. List of	ther sources of annual gross income not reported above that were reported for tax ed Signature.
ber. List of es.	ther sources of annual gross income not reported above that were reported for tax ed Signature.
c. Certify	ther sources of annual gross income not reported above that were reported for tax ed Signature. It this statement is true and accurate to the best of my knowledge. I understand that
c. Certify	ther sources of annual gross income not reported above that were reported for tax ed Signature. It this statement is true and accurate to the best of my knowledge. I understand that
ber. List of es. C. Certifi I certify the bject to pos	ther sources of annual gross income not reported above that were reported for tax ed Signature.

(Date)